SUNNYVIEW HEALTH & REHABILITATION CENTER

900 SUNNYVIEW LANE

PRINCETON 54968 Phone: (920) 295-646	54	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	57	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	37	Average Daily Census:	40
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Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					67.6 13.5
Supp. Home Care-Household Services Day Services	No	Developmental Disabilities Mental Illness (Org./Psy)		Under 65 65 - 74			5.4
Respite Care	Yes	Mental Illness (Other)	2.7	75 - 84	29.7	I	86.5
Adult Day Care Adult Day Health Care	Yes No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		******* ****************************	*****
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Resi	dents
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular		 65 & Over		(12/31/03) 	
Transportation	No					RNs	4.5
Referral Service Other Services	No No	Diabetes Respiratory		Gender 		,	11.4
Provide Day Programming for	37 -	Other Medical Conditions		Male		Aides, & Orderlies	46.1
Mentally Ill Provide Day Programming for	No		100.0	Female 	78.4	I 	
Developmentally Disabled	No				100.0		and the standard and the

Method of Reimbursement

		Medicare			Medicaid 'itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	ò	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	150	27	96.4	112	0	0.0	0	8	100.0	116	0	0.0	0	0	0.0	0	36	97.3
Intermediate				1	3.6	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		28	100.0		0	0.0		8	100.0		0	0.0		0	0.0		37	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	8	As	sistance of	% Totally 1	Number of
Private Home/No Home Health	6.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Residents
Private Home/With Home Health	1.6	Bathing	0.0		70.3	29.7	37
Other Nursing Homes	1.6	Dressing	10.8		59.5	29.7	37
Acute Care Hospitals	87.1	Transferring	27.0		29.7	43.2	37
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.6		32.4	45.9	37
Rehabilitation Hospitals	0.0	Eating	62.2		21.6	16.2	37
Other Locations	3.2	******	******	*****	******	*****	******
otal Number of Admissions	62	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	13.5	Receiving Resp	iratory Care	8.1
Private Home/No Home Health	19.7	Occ/Freq. Incontiner	nt of Bladder	40.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	3.0	Occ/Freq. Incontiner	nt of Bowel	24.3	Receiving Suct	ioning	2.7
Other Nursing Homes	1.5	-			Receiving Osto		2.7
Acute Care Hospitals	45.5 I	Mobility			Receiving Tube	Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8.1	Receiving Mech	anically Altered Diets	32.4
Rehabilitation Hospitals	0.0				3	-	
Other Locations	6.1 i	Skin Care			Other Resident C	haracteristics	
Deaths	24.2 i	With Pressure Sores		8.1	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		13.5	Medications		
(Including Deaths)	66 I				Receiving Psyc	hoactive Drugs	29.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	68.4	80.8	0.85	83.7	0.82	84.0	0.81	87.4	0.78
Current Residents from In-County	70.3	73.7	0.95	72.8	0.97	76.2	0.92	76.7	0.92
Admissions from In-County, Still Residing	37.1	19.8	1.88	22.7	1.64	22.2	1.67	19.6	1.89
Admissions/Average Daily Census	155.0	137.9	1.12	113.6	1.36	122.3	1.27	141.3	1.10
Discharges/Average Daily Census	165.0	138.0	1.20	115.9	1.42	124.3	1.33	142.5	1.16
Discharges To Private Residence/Average Daily Census	37.5	62.1	0.60	48.0	0.78	53.4	0.70	61.6	0.61
Residents Receiving Skilled Care	97.3	94.4	1.03	94.7	1.03	94.8	1.03	88.1	1.10
Residents Aged 65 and Older	94.6	94.8	1.00	93.1	1.02	93.5	1.01	87.8	1.08
Title 19 (Medicaid) Funded Residents	75.7	72.0	1.05	67.2	1.13	69.5	1.09	65.9	1.15
Private Pay Funded Residents	21.6	17.7	1.22	21.5	1.01	19.4	1.11	21.0	1.03
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	24.3	31.0	0.78	39.1	0.62	36.5	0.67	33.6	0.72
General Medical Service Residents	10.8	20.9	0.52	17.2	0.63	18.8	0.57	20.6	0.53
Impaired ADL (Mean)	54.6	45.3	1.20	46.1	1.18	46.9	1.16	49.4	1.10
Psychological Problems	29.7	56.0	0.53	58.7	0.51	58.4	0.51	57.4	0.52
Nursing Care Required (Mean)	8.8	7.2	1.22	6.7	1.31	7.2	1.23	7.3	1.20